

**PERIODIC SAFETY TEST ATTESTATION FORM  
ELEVATORS, MANLIFTS, ESCALATORS, MOVING WALKS,  
DUMBWAITERS, PLATFORM LIFTS AND CHAIR LIFTS**

User name: \_\_\_\_\_

User location: \_\_\_\_\_

User city: \_\_\_\_\_ Zip \_\_\_\_\_

Example of Type of Device: Pass. – Fr. – Dw – Vwl - ML etc. (Please refer to test form.)

Example of Type of Test 1 – 3 – 5

[Category 1 ( Annual Test ) Category 3 ( 3 Year Test ) Category 5 ( 5 Year Test )]

	State Number	Type of Device	Type of Test	Date Test Conducted
(1)				
(2)				
(3)				
(4)				
(5)				

I am an individual who is certified under ASME QEI-1. I hereby attest, under penalty for perjury that:

1. all of the above-referenced required tests have been completed by persons qualified to perform such services; and
2. the above-referenced regulated lifting device conforms to all applicable building and equipment codes in effect at the time of installation and all building codes and equipment codes effective as applicable to and for each alteration.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
QEI-1 Certification Number

\_\_\_\_\_  
QEI-1 Certification Expiration Date